

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Pasadena Program for Control of Tuberculosis

The Pasadena Health Department, of which Dr. J. D. Dunshee is health officer, has distributed a mimeographed program for the community control of tuberculosis in Pasadena. This is presented for the purpose of giving concise information as to the method used by social agencies of Pasadena in its work for the prevention and control of tuberculosis. The principal agency concerned is the Pasadena Tuberculosis Association and those agencies which cooperate are the City Health Department, Welfare Department Dispensary, Visiting Nurse Association, and the Metropolitan Nursing Service. The program has the endorsement and the support of physicians in private practice, as well. Clinics are held on Wednesday, Thursday, Friday and Saturday of each week and constitute the following: adult chest clinic; heart clinic; pneumothorax and bronchoscopy clinic; children's chest clinic; nose and throat examination clinic; and children's reexamination clinic. The chest clinic also provides surveys for the examination of children whose parents may give their consent. These surveys are held annually in many private institutions and training schools.

The program gives information relative to special facilities that are available in the community for the prevention of tuberculosis. These include the La Vina Health School, which is operated for nine months of the year under the supervision of the La Vina Sanatorium. The Pasadena School Department supplies the teacher during the school year. The Pasadena Preventorium is an institution for the pre-

tubercular and malnourished boy 6-14 years of age. A comprehensive nutrition program is maintained in the schools. Free lunches are served to children in whom there is definite need for additional nutrition which the home is unable to supply. Open air school rooms are in operation in three of the public schools of the city. The chest clinic also conducts a class weekly for the malnourished child. There are five institutions in the immediate vicinity of Pasadena which are available for the institutional care of patients. Two of these are county institutions and three are private semiendowed institutions. The facilities for the control of tuberculosis in Pasadena are excellent and the plan is worthy of emulation in other communities.

Following is an outline of the city's plan of operation for tuberculosis control:

I. Eligibility:

1. Anyone is eligible for one examination at the Chest Clinic.
2. No one may return who is deemed able to afford the services of a private physician.
3. Patients at the request of a physician are reexamined. These cases are, however, limited to those who though under the supervision of a private physician are unable to pay for further X-ray and laboratory work which is required.
4. Anyone who is eligible to enter a county institution will be given the service of the Chest Clinic.

II. *Clinical Service:*

Diagnostic Service:

Chest Clinic:

1. Complete physical examination by clinic physician.
2. X-ray, fluoroscopic and film.
3. Sedimentation.
4. Nose and throat examination by specialist.

Health Department:

1. Blood, sputum and urine.

Dispensary:

1. Bronchoscopic examination when indicated.

Treatment Service:

Chest Clinic:

1. Pneumothorax and lipoidal.
2. Nutrition.

Dispensary:

1. Treatment when bronchoscopic examination indicates.
2. Correction of nose and throat defects.
3. Any other corrective work or treatment which may be needed.

Institutional:

1. For patients requiring institutional care refer to that section of the program.

Private Physician:

1. Patient returns to private physician if able to pay and environment suitable.

Standards for Clinical Service:

Active Cases:

1. All positive cases return in two weeks from date of first visit.
2. The dates of subsequent visits are determined by the examining physician.
3. Patients taking pneumothorax treatment return every two weeks.
4. Patients unable to attend clinic are visited in the home by clinic physician or a physician from the Health Department.

Incipient and Suspicious Cases: Patients in this group are examined at least every three months; oftener if indicated. Interval between clinical visits dependent upon progress. All such cases should be given close supervision. Under this classification are certain cases of the childhood type of tuberculosis; in this instance referring only to cases with activity represented by progressing pathology as indicated on re-examination by X-ray even though clinical symptoms have not been apparent or were overlooked. Cases coming under the general classification of the National Tuberculosis Association as "Childhood Type" but not at the moment active are referred to elsewhere.

Contacts: All contacts return every three months for examination.

III. *Home Supervision:*

Medical Care:

1. Private Physician: Certain cases under care of private physician yet they are unable to pay for laboratory examinations.
2. Physician from Chest Clinic.
3. Physician from Health Department.

Nursing Care:

Health Department: Nurses supervise in the home all cases of active tuberculosis and their contacts except those requiring bedside care which are referred to either the Visiting Nurse Association or the Metropolitan Nursing Service. Duplication by agencies is avoided.

Metropolitan Nursing Service: Follow up all cases eligible for service with this organization. This information is ascertained by the Health Department nurse making the first contact in the home.

Visiting Nurse Association: Gives bedside nursing care.

Chest Clinic: Nurse makes home visits to:

1. Investigate the eligibility of a patient for clinical service.
2. Supervise nutritional cases.
3. Contacts—certain special cases by mutual agreement of agencies concerned.

Minimum Standards of Home Visits:

1. Active cases and their contacts are visited once a month.
2. A visit to contacts where active cases have been removed, either by death or to a hospital or elsewhere, is made every three months.
3. Childhood types of tuberculosis are visited at least every three months. This refers specifically to the classification of Childhood Type as employed by the National Tuberculosis Association. Cases with activity have been referred to elsewhere.

IV. *System and Amount of Inter-Reporting:*

Chest Clinic to Health Department: Report within one week after completion of clinical examination all cases. Specify cases needing home supervision. A nurse from the Health Department goes to the Chest Clinic following each clinic and gets the necessary information on all cases for home supervision.

Active Cases:

1. Amount and location of involvement.
2. Subsequent clinical visits—any change in the patient's condition which may alter the patient's home program.
3. Advice and treatment recommended by the physician.

Contacts:

1. In the report of contacts where the active case has been removed, give a brief history of the exposure.

Health Department to the Chest Clinic: A written report of home visits is mailed once a week to the Chest Clinic. The following points are covered:

1. The general health program followed in the home in the care of the active case and the contacts.
2. How thoroughly the advice and recommendations of the clinic physician are followed in the home.
3. Social, economic and sanitary conditions found in the home.

Forms Used in Reporting: A special form is provided for interreporting. On one side is a space for the Chest Clinic and on the other for the home supervising nurse. These are made out in duplicate, one being sent to the Chest Clinic and the other being retained in the Health Department and attached to the permanent record used by the Nursing Division to record all home visits. On the face of the latter form is a space for brief history obtained from the Chest Clinic; further necessary data is obtained in the home visit.

COOPERATION TO PREVENT OVERLAPPING

Dr. J. D. Dunshee, City Health Officer of Pasadena, called a conference recently at which there were present nurses and health executives of the city health department and of the public schools. Dr. Roscoe Brown of the board of education cooperated with Dr. Dunshee in the organization of the conference. The object of the meeting was to devise methods for providing maximum service to the community by the two groups of workers without conflicting or duplicating work. The functions of the two departments frequently intertwined and the meeting, which was held before the opening of the schools, enabled the adoption of a cooperative plan of action to prevent any unnecessary duplication of work.

MOUNTAIN STREAMS ARE PURE

All of the streams used for drinking water in the San Bernardino mountains have been examined and have proved satisfactory, according to Dr. E. B. Godfrey, health officer of San Bernardino County. The county health officials this season have inspected 250 private cabins and 75 public camp grounds and recreation places in the mountains, not including restaurants and hotels; 60 swimming pools, both artificial and natural, have been inspected and samples of water from all of them have been collected for examination.

The education of most people ends upon graduation; that of the physician means a lifetime of incessant study.—Marx.

HIGH GRADE HEALTH SERVICE FOR OLYMPIC STARS

The health service provided for athletes who took part in the Olympic Games at Los Angeles was most complete in every detail. The arrangements for this service were in charge of Dr. Sven Lokrantz, Director of the Division of Health and Corrective Physical Education, Los Angeles City Schools. He received full cooperation from city and county health departments; the American Red Cross; practicing physicians and surgeons, many of whom speak several languages; receiving hospitals and private hospitals. The emergency first-aid units numbered 35 with 350 trained volunteers. These were organized by Dr. Albert C. Gordon of the American Red Cross and Stanley Pomeroy of the Los Angeles County Health Department assembled the necessary equipment. The Board of Education provided a healthmobile equipped with a dental unit which was taken on regular visits to the Olympic Village. The advisory medical board for the Olympic Games Health Service consisted of Dr. George H. Kress, Dr. Giles S. Porter, Director of the State Department of Public Health; Dr. Harry H. Wilson, Dr. E. C. Moore and Dr. C. Morley Sellery.

NO MUDDY WATER IN BRAWLEY

For the past three years, according to city records and Imperial Irrigation District records, the Colorado River has always carried its heaviest amount of silt about the middle of August. Residents of Brawley have, during this period of each year, been served with chocolate-colored water. Equipment and facilities for settling the silt at the water plant were insufficient to care for the extra amount of this material which was carried during August. This summer Mayor Baker and City Engineer C. J. Park secured additional equipment which cost only about one thousand dollars to install. As a result a very large amount of the silt was eliminated from the city water supply.

A flash flood early in September caused a temporary increase in the amount of silt. Most of this mud was removed but it was so fine in quality that it was impossible to settle all of it in the two days which were allowed for settling. This mud came as a result of heavy rains in the upper basin of the Colorado, materially increasing the flow of the river and doing considerable damage to construction at the Boulder Canyon Dam.

Modern life is concerned chiefly with immediate results; thinking is subordinated to doing.—Everett Dean Martin.

TO ESTABLISH UNIFORM MILK INSPECTION

A permanent committee on milk standards has been organized in Los Angeles County. This committee will be composed of Pasadena and Long Beach health officers, Los Angeles City and County health officers, representatives of the State Department of Agriculture and representatives of the county dairy industry. It will be the aim of the committee to compel milk distributors whose plants are outside of the county but who distribute their products within the county to conform to the county's rigid milk inspection standard. The adoption and enforcement of uniform milk inspection standards throughout Los Angeles County will provide beneficial results to all of the communities concerned.

COMPTON ENTERS HEALTH COMPETITION

The city of Compton will enter the 1932 National Health Contest sponsored by the United States Chamber of Commerce. Any chamber of commerce affiliated with the national chamber is entitled to enter its city in the contest. Two years ago Alhambra won first honors in its population classification. Several California cities have won honors in this annual contest. Compton's entry into the contest has been made through the secretary of the local chamber of commerce, Dan Holland, and Dr. F. E. Estes, district health officer. The items upon which cities are scored in the contest cover water supply, sewage disposal, milk supply, communicable disease control and many other activities.

HEALTH OFFICERS TRANSFERRED

Dr. E. M. Miller, former city health officer of Glendale, has been returned to his former position at Glendale. He has been serving in a similar capacity at Belvedere and at Inglewood. Dr. R. L. Kaufman, who has been at Glendale, has been transferred to San Fernando. Dr. F. A. Wilmot, who succeeded Dr. D. E. Smallhorst as Glendale health officer, has supervision over both the Glendale and San Fernando districts.

MORBIDITY***Diphtheria.**

42 cases of diphtheria have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 14.

Measles.

24 cases of measles have been reported, the cases being scattered over the State.

* From reports received on September 19th and 20th for week ending September 17th.

Scarlet Fever.

68 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 20.

Whooping Cough.

305 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 19, Los Angeles County 20, Los Angeles 93, Orange County 32, San Francisco 17, San Joaquin County 11, Santa Clara County 11.

Smallpox.

7 cases of smallpox have been reported, as follows: Glendale 1, Los Angeles 2, Riverside County 1, Ventura County 3.

Typhoid Fever.

5 cases of typhoid fever have been reported, as follows: Hanford 1, Riverside County 1, San Francisco 1, Vacaville 1, California† 1.

Meningitis (Epidemic).

2 cases of epidemic meningitis have been reported, as follows: Fresno 1, Placer County 1.

Poliomyelitis.

3 cases of poliomyelitis have been reported, as follows: Oakland 1, Kern County 1, Santa Cruz County 1.

Food Poisoning.

One case of food poisoning from San Francisco has been reported.

Undulant Fever.

3 cases of undulant fever have been reported, as follows: Los Angeles County 1, Riverside 2.

Septic Sore Throat.

2 cases of septic sore throat have been reported, as follows: Monterey County 1, San Luis Obispo 1.

Relapsing Fever.

2 cases of relapsing fever have been reported, as follows: Placer County 1, San Bernardino County 1.

† Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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